

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/9412024

FILING DATE

APPLICANT(S)

7/19

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	2					
13	3					
14	3					
15	3					
16	3					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	13					
25	13	2				
26	13	2				
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1	1				
36	1	1	1			
37	1	1	1			
38	1	1	1			
39	3		2			
40	3		2			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50						
TOTAL IND.			1			
TOTAL DEP.			17			
TOTAL CLAIMS			18			

	*	*	*	7/19
	IND.	DEP.	IND.	DEP.
51		1	1	1
52		1	1	1
53		1	1	1
54				
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95				
96				
97				
98				
99				
100				
TOTAL IND.	2	1	2	0
TOTAL DEP.	21	10	20	3
TOTAL CLAIMS	23	17	78	3

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS